

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
OMPI CLASSIFIER			
FORMALITY REVIEW	<i>SG</i>	<i>SSS</i>	<i>08-28-01</i>
RESPONSE FORMALITY REVIEW	<i>SG</i>	<i>1019</i> <i>1077</i>	<i>12-11-01</i> <i>3/20/02</i>

### INDEX OF CLAIMS

Rejected ..... N ..... Non-elected  
 Allowed ..... I ..... Interference  
 (Through numeral) Canceled ..... A ..... Appeal  
 Restricted ..... O ..... Objected

Claim	Date
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

**BEST AVAILABLE COPY**

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*503866*  
*08-28-01*  
*03-20-02*  
*852 947*  
*12/11/02*